

## Foster Family Home - Corrective Action Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-5

94-478 Kalukalu Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 10/29/2018

End Date: 11/20/18

### Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/29/18. Corrective Action Report issued during home visit with all items due to CTA by 11/29/18.

6.(d)(1) - see applicable sections of the review


### Foster Family Home Personnel and Staffing

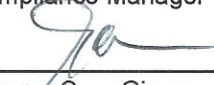
[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No TB clearance present in home binder for CG#3.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: EFGENI KOH PCG

CCFFH Address: 94-478 KALUKALU STREET WAIPAHU HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Tuberculosis clearance screening form was obtained for CG#3, and placed it in home binder.	10/30/18	Will keep updated and will use checklist and calendar, and will make time frame to update the requirements for at least 3 weeks before they expire so that they can get done before due dates and to avoid any future lapses.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: EFGENI KOH PCG

Date of Signature: 11/20/18